

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of	)	
	)	Group Art Unit: 3635
Robert McCracken	)	
	)	
Serial No. 09/336,207	)	Examiner: Yvonne M. Horton
Filed: June 18, 1999	)	
For: SPANNING MEMBER WITH	)	
CONVOLUTED WEB, C-SHAPED	)	
FLANGES, AND END PLATE	)	

AMENDMENT

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Arlington, VA. 22313-1450

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Dear Sir:

In the matter of the above-identified patent application, and in response to the Office Action mailed December 30, 2003, kindly enter the following amendments and consider the following remarks relative to the continued examination of the patent application.

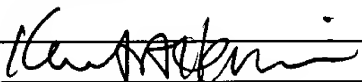
Amendments to the Claims start on page 2 of this response.


Remarks start on page 6 of this response.

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/336,207
	Filing Date	Jun 18, 1999
	First Named Inventor	McCracken
	Art Unit	3635
	Examiner Name	Horton
Total Number of Pages in This Submission	Attorney Docket Number	8594560/97020

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Return Postcard
Remarks <span style="float: right; font-size: 1.5em; font-weight: bold;">RECEIVED APR 07 2004 GROUP 3</span>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kent A. Herink
Signature	
Date	March 30, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
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Type or printed	Jeri D. Krutsinger		
Signature		Date	March 30, 2004

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